Disenrollment Form

If you request disenrollment, you must continue to receive all medical care from HealthSun Health Plans until the effective date of disenrollment. Contact us to verify your disenrollment before you seek medical services outside of HealthSun Health Plan's network. We will notify you of your effective date after we have received this form from you.

Last Name: First name: Middle Initial		□ Mr.□ Mrs.□ Miss.□ Ms.
Medicare #:		
Birth Date:	Sex: □ M □ F	Home Phone number: ( )

Please carefully read and complete the following information before signing and dating this disenrollment form:

If I have enrolled in another Medicare Advantage or Medicare Prescription Drug Plan, I understand Medicare will cancel my current membership in <MA Plan Name> on the effective date of that new enrollment. I understand that I might not be able to enroll in another plan at this time. I also understand that if I am disenrolling from my Medicare Prescription Drug Coverage and want Medicare Prescription drug coverage in the future, I may have to pay a higher premium for this coverage.

Your Signature*: _____ **Date:** _____

*Or the signature of the person authorized to act on behalf of the individual under the laws of the State where the individual resides. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this disenrollment and 2) documentation of this authority is available upon request by HealthSun Health Plans by Medicare.

If you are the authorized representative, you must provide the following information:
Name : _____
Address: _____
Phone Number: (___) ____- _____
Relationship to Enrollee _____

HealthSun complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-336-2069. (TTY: 1-877-206-0500).
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-336-2069. (TTY: 1-877-206-0500). HealthSun Health Plans is an HMO plan with a Medicare contract. Enrollment in HealthSun Health Plans depends on contract renewal.
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